

CRITERIA FOR Non-Preferred PDL Drugs ~~that Require PA~~

PROVIDER GROUP: Pharmacy
Professional

MANUAL GUIDELINES: Pursuant to K.S.A 2002 supp. 39-7, 121(a), a preferred drug list has been established by Kansas Medical Assistance Program.

Drugs (NDCs) identified as Non-Preferred **require prior authorization**.

Drugs (NDCs) identified as Preferred; Not on PDL; or PDL drug, but not applicable **DO NOT** require prior authorization.

** Preferred and Non-Preferred Drugs are identified on the Preferred Drug List on the web @ <http://www.kdheks.gov/hcf/pharmacy/download/PDLList.pdf>

** Non-Preferred NDCs are identified in Interchange by the following:

- PDL Ind on the Drug Inquiry window indicates Non-Preferred **AND**

PA Required on the Drug – Benefit Plan Coverage Maintenance window is ‘Yes’

CRITERIA: *(as recommended by the Drug Utilization Review Committee)*

1. If the requested non-preferred PDL drug(s) also requires a clinical PA, the patient must also meet clinical criteria. Clinical criteria are available at http://www.kdheks.gov/hcf/pharmacy/pa_criteria.htm

AND

1.2. If there is one preferred agent in the preferred category, the patient must have experienced an inadequate response to a trial of the one preferred agent at a maximum tolerated dose before receiving a non-preferred agent, unless there is a documented intolerance or contraindication to the preferred agent.

- Prior authorization will require documentation of the previous medication trial and dates of the corresponding trial.

OR

2.3. If there are two or more agents in the preferred category, the patient must have experienced an inadequate response to a trial of two or more preferred agents at their maximum tolerated doses before receiving a non-preferred agent, unless there is a documented intolerance or contraindication to two or more preferred agents.

- Prior authorization will require documentation of the previous medication trials and dates of the corresponding trials.

OR

3.4. Absence of appropriate formulation or indication of the drug.

- Requests for oral, non-solid dosage forms will only be considered for patients who are unable to swallow solid oral dosage forms (i.e. tablets, capsules) due to age ≤ 6 years, dysphagia or presence of a feeding tube.
- If one or more of the preferred agents is a capsule whose contents can be opened and sprinkled into soft food based on package insert recommendations, patients > 1 year of age will be expected to have a trial and failure of the preferred agent(s)'s capsule dosage

form unless there is a documented intolerance or contraindication (i.e. dysphagia, feeding tube).

- i. Medications that can be opened and sprinkled into soft food prior to administration will be noted on the preferred drug list by an asterisk (*).
- Requests for nebulized formulations of inhaled agents will be considered for patients who have an inability to effectively utilize an agent in an inhaler formulation due to age <5 years, neuromuscular or cognitive disability, or other evidence of lack of response to the inhaled formulation supported by clinical documentation.
- Prior Authorization may be approved for the term stated in drug-specific or class-specific clinical prior authorization criteria if applicable, or if no existing clinical criteria for up to one year time period.
- If there has been no change in the Preferred Drug List (what would indicate further review), renewals may be approved for an additional one year period.

Adjunct Antiepileptic PDL criteria: Physician may document one of the 3 criteria as noted above or a pre-existing or co-morbid condition that exists to contraindicate the use of a preferred drug.

Third Party Liability (TPL) payment indicated on claim will exempt prior authorization requirement.

Drug Utilization Review Committee Director

Pharmacy Program Manager,
Division of Health Care Finance
Kansas Department of Health and Environment

Date

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